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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Wine in Pneumonia—The great value of wine, brandy, and other stimulants, in almost any disease of an asthenic character, or even in forms of acute disease which take on a low or asthenic type, is constantly observed in hospital practices. It was strikingly manifested in a man thirty-six years of age, who was admitted into St. Bartholomew's Hospital on the 16th of April, under Dr. Kirkes' care, with pleuro-pneumonia of the right lung. He was brought in in an exceedingly low and feeble condition, with pulse 136, small and weak, and soft in character. Consolidation of the lower part of the right lung was discovered, together with friction sound. He was put on small doses of Grey and Dover's powder, and three ounces of wine. This brought

the pulse down to 124 next day, and the wine was increased to six ounces in the twenty-four hours. On the 18th the pulse was 100, and on the 19th 98; and the symptoms generally became alleviated. On the 21st, two ounces of brandy were ordered in addition to the wine; and by the 23d the solidified lung was undergoing resolution, fine crepitation being heard over the lately condensed portion. Dr. Kirkes reduced the brandy to an ounce per diem, continuing the six ounces of wine; and the man got so much better that he desired more food. Subsequently to this his recovery was gradual and complete; the wine and brandy being apparently the chief agents in bringing about a restoration of the normal condition of the lung. The patient was a labourer, and a strong man when well; but depletion would have proved a fatal measure. In London, at any rate, the majority

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of such cases require a stimulating and supporting treatment throughout.—*Lancet*, Aug. 4, 1860.

Caries of the Skull—Epilepsy—Relieved by Trephining—Subsequent Death.—F. W., a cachectic man, aged 38, was admitted into Guy's Hospital, Feb. 14, 1860. He denied ever having received a blow upon the head, or of having been the subject of any syphilitic disease.

About ten months prior to his admission a swelling appeared over the left parietal bone, having been preceded for some few weeks by a severe burning pain in the part. He applied to a Metropolitan Hospital, where the abscess was lanced: little pus, however, made its escape, but from that time the discharge became profuse, and also very offensive. The pain in the part for the whole of this period had been very severe, at times rendering him almost wild; no remedies appeared to give him any relief. On February 10, four days previous to his admission into the hospital, on seeking advice, his head was probed. The operation gave him some pain, and an epileptic fit followed. It lasted some minutes, and when he recovered from it he found that he had lost the use of his right leg and arm.

On February 14 he was admitted into Guy's Hospital with partial paralysis of the right side of the body. The face was natural, betraying only an expression of great anxiety. Over the left parietal bone were several discharging sinuses, all communicating with roughened and nodulated inflamed bone. He complained of much pain in the head at the seat of disease, but otherwise all his functions appeared natural.

On the 17th he was again seized with a severe epileptic fit. A crucial incision was then made over the diseased bone, but without relief, as the fits returned, and continued for some hours. At this time the convulsions were most violent, chiefly affecting the right side of the body and the left side of the face, the diseased bone being situated on the left side of the head.

Mr. Bryant was called to see him, and as the local character of the disease indicated local irritation, which would account for the convulsions of the right side of the body and left side of the face, he determined to trephine the part, as death appeared quite imminent. The operation was accordingly performed, much care being necessary, as

the bone cut soft and cheesy, a large circle was removed, exposing an inflamed, adherent, and granulating surface of the dura mater. Upon the inner table of the circle of bone which was removed, was visible a distinct nodule of new bone piercing inwards, of a nipple shape. The fits ceased after the operation, and when the man recovered he expressed himself as well. All pains in the head had ceased, and the paralysis gradually disappeared.

Upon the 24th, however, a slight epileptic attack recurred, but after that date no repetition of the fits occurred for two months. The paralysis of the limbs disappeared, all headache left, and the opening made in the skull gradually filled in; the bone, however, was still inflamed and roughened. Two different attempts were made to remove some diseased bone, but without success, some small pieces only coming away.

On April 24 the epileptic attack reappeared, and recurred at short intervals till June 14, when he died, with hemiplegia attended with some symptoms of pyæmia.

It is an interesting point, as pointed out by Mr. Bryant, that this patient during the whole of his attacks had never lost his consciousness. He knew and felt all that was going on, but was unable to speak or to make his consciousness known. In genuine epilepsy the reverse exists; unconsciousness is a prominent symptom, and it is worth note that Dr. Bright pointed out this distinction as a valuable means of diagnosis of epilepsy as caused by some cerebral disease, or as depending upon some external source of irritation of the brain structure.—*Med. Times and Gaz.*, Aug. 18, 1860.

Good Results of the Amputations at St. George's Hospital.—While we are on the subject of amputations, we may refer to the successful termination of the great majority of those recently performed at St. George's Hospital. For a time, most of the wards of this institution were so unhealthy that a considerable number of capital operations ended badly, as we learnt from personal observation and from the testimony of some of the medical officers. In consequence of improvements carried out last year in most of the wards, together with the addition of a convalescent ward at the top of the building, the general salubrity has so much increased that pyæmia, which had heretofore

been very prevalent, has now almost entirely disappeared.

In October last, of six amputations performed within a comparatively brief period, all the patients were up and convalescent within the term of three weeks. This has also been the general experience since. At the present time (Aug. 2d), we can count four amputations of the lower extremity in one female ward alone, all proceeding without an untoward symptom, union having taken place by first intention. In two cases of amputation above the knee, performed by Mr. Cæsar Hawkins on the 12th and 19th of July, and in one of the same kind under the care of Mr. Prescott Hewett, the same favourable state of things obtains. In the male ward, we observed a patient whose forearm was taken off on the 26th ult., with the stump healed and the ligatures away, which permitted his walking about without inconvenience, six days after the operation.

In all these operations the circular method was adopted. Of ninety amputations recently resorted to in this hospital, sixty were circular, and thirty flap. The mortality amongst the latter was found to be as great as in the whole of the former.—*Ibid.*

Circular Amputation of the Thigh.—On the 19th of July, at St. George's Hospital, Mr. Cæsar Hawkins removed the leg of a female at the lower third of the thigh, for extensive disease of the knee-joint. The patient had been a sufferer for five years, the mischief slowly progressing until the articulation was wholly destroyed, spreading also upwards into the shaft of the femur. A large part of the lower end of this bone was completely necrosed, as was also the head of the tibia, the surface of which latter was covered by some loose osseous fragments. The cartilages were likewise destroyed, from ulceration and absorption. The present was one of those examples in which the morbid action had become too widely spread to warrant the expectation that any surgical proceeding short of amputation would afford relief. This was accordingly adopted, and successfully carried out by the circular method. The patient is going on most satisfactorily.

We may here observe, that the circular amputation is, to some extent, superseding the ordinary flap operation in hospital practice. It is now mostly employed by the

surgeons at St. George's Hospital, and is preferred also at other institutions. The adoption of the circular method, or of that by flaps, is solely a question of taste and of dexterity on the part of the operator; for most writers on surgery believe that an equally good stump may ultimately be formed by the one as by the other. The rapidity with which the flap operation can be done is an advantage over the other; but the circular method gives a firmer and neater stump.—*Lancet*, Aug. 11, 1860.

Protrusion of Bone by Growth from the end of a Stump.—When limbs have been

submitted to amputation in childhood, it not unfrequently happens that, as the individual grows, so does the bone elongate itself in a proportionate manner, and then protrudes through the soft parts, after a time forming a conical stump. Instances of this kind we have already brought under the notice of our readers; and that the bone does grow is believed by many surgeons of high authority, amongst whom are Mr. Stanley, Mr. Curling, and others. An undoubted example of it was recently admitted into Guy's Hospital under Mr. Hilton's care. The patient was a healthy-looking girl, of about the age of eighteen years, whose right arm had been amputated in childhood. The stump healed kindly, and remained healthy for some years, when it gradually became conical, and from the point protruded the end of the humerus. Its appearance was like an exaggerated nipple somewhat drawn out. There was no retraction of muscular substance here, but clearly an outgrowth of bone. The soft parts were tender in spots, as if from the pressure on or stretching of some of the nerves; in fact, they could be marked by pins. The rest of the stump was healthy. Chloroform was given on the 24th of July, an incision was made on either side, freely laying open the stump, and three inches of the bone sawn off; the parts were brought together, and the girl is now doing very well.—*Ibid.*

Sensation of Cracking within the Joints.

—A female, aged thirty-six years, but looking much older, a housemaid, of spare frame and short stature, was admitted into St. Bartholomew's Hospital on the 6th of February last, under Dr. Farre's care, with general pains about her limbs and joints. She has been a sufferer from rheumatoid

arthritis; and from her family history it appears that her father and uncle were subject to the same disease, or to gout, but which, she says, was rheumatic gout. Besides the general pain and distress present on her admission, she had a sensation of crackling within all the affected joints, especially well marked at the under part of the right knee, in the right ankle, in the left groin, and in front of the hip joint; and at times she seemed as if she had not the power to move her limbs. This crackling of the joints commenced nine weeks before she entered the hospital, although she has suffered from her other affection for upwards of five years, with lameness of one of her legs from the same cause. She was examined by Mr. Lloyd to see if there were any loose cartilages, but none could be found. Dr. Farre believed that this singular condition must be owing to an altered secretion of the lining membrane. By the 13th of February she was much relieved from pain on the outer side of the hip by the local application of belladonna to the sacrum, and, in a few days afterwards, all this crackling wholly disappeared, and she began to improve in every way under treatment, although she still remained a little sore and lame.

It may be observed, that the disease itself under which this patient was suffering, is common enough; but the peculiar sensation experienced of crackling within several of the joints is a striking feature, and ought not to be a rare circumstance when the great number of pathological states of the synovial membrane are taken into consideration. That Dr. Farre's opinion is the correct one would seem to be proved by the result of the treatment.

Some weeks later, a second example of this peculiarity occurred at University College Hospital, under Mr. Erichsen's care. The patient was a middle-aged man, with partial ankylosis of the elbow, the result of inflammation. He had been the subject of rheumatism eight years ago, and for the last two years has been unable to extend the left arm, although he can slightly flex it. There was clearly some effusion into the joint, and a very distinct crackling sensation which Mr. Erichsen stated to be the result of it. In effusion into the sheaths of tendons, and in bursæ near joints, this crackling feeling is observed, and gives the idea, he remarked, of bands forming in different

directions. It is noticed also in bursæ, when there are small bodies mixed with the fluid. Without giving the patient chloroform, the arm was flexed and extended with but little force, and, subsequently, not only was the position of the arm improved, but much useful motion was gained, with disappearance of the crackling.—*Lancet*, Aug. 4. 1860.

Fatty Tumour Encircling the Neck.—

Experience has proved that there are but few situations about the body which have not been invaded by fatty tumours, although some are more favourable for their growth than others. Either side of the neck, and behind it, are much commoner sites for their development than the anterior or submental part. An instance of tumour in this rarer situation was recently admitted into Guy's Hospital, in a stout, robust man, about forty-five years of age. The anterior half of the neck, from one mastoid process to the other, was occupied by a large fatty tumour, which assumed the appearance of an enormous double chin, and extended as far down as the sternum. Two other tumours of the same character existed symmetrically at the back of the neck, in the suboccipital spaces; they were as large as a flattened orange, prominent, and altogether imparted a most curious appearance to the entire cervical region. These three tumours commenced to grow some years back, but latterly had increased somewhat rapidly in size, so much so as to cause some uneasiness lest they might turn out to be malignant. Their true nature was determined by Mr. Cock, who removed that in the right suboccipital space, whilst the patient was under the influence of chloroform, on the 10th of July, with good results. It did not possess a lobulated character, but was very firm and hard, strongly adherent to the skin, and was got away with some difficulty, being associated with free hemorrhage. From this operation he completely recovered. Mr. Cock contemplates the dissection of the opposite growth, but will not interfere with the anterior cervical.—*Lancet*, Aug. 25, 1860.

The Metallic Seton in Hydrocele.—Several cases have lately been treated at the London Hospital by the introduction of the silver wire seton, and with very satisfactory results. The following case, however, in

which severe suppurative inflammation of the cavity was caused, is one which it is only right should be placed on record: The patient, Wm. C., a healthy man, aged 32, was admitted in May, under the care of Mr. Gowland, with hydrocele on the right side. Mr. Gowland had tapped him three months previously, while attending as an outpatient. It had now filled again, and was about the size of a small fist. The man stated that he thought that side of his scrotum had been larger than the other since boyhood, but that there had been no remarkable enlargement until January last. Mr. Gowland admitted him, and on May 3 tapped the tumour, and injected with iodine in the usual manner. The sac refilled, and as the man was impatient for a cure, on May 28—that is, nearly a month after the injection—Mr. Gowland introduced a silver wire seton consisting of two threads. On the next day the inflammation of the part was very acute, and the pain severe. The man had also a good deal of abdominal tenderness. On the third day the inflammatory symptoms ran so high that it was necessary to withdraw the wires. On May 31, the swelling being very great, and suppuration having evidently taken place, Mr. Gowland laid the sac freely open by a vertical incision, three or four inches long. This measure gave great relief; but for a time it appeared doubtful whether the testis itself would not become involved, as the tunica albuginea presented in the wound. Ultimately the man made a good recovery, but he had undergone a very serious illness. He was discharged from the hospital eleven weeks after his admission, the cicatrix being then quite sound, but puckered up, and adherent to the front of the testis. The body of the testis itself was soft, and appeared quite healthy. The hydrocele was of course cured.—*Med. Times and Gaz.*, Aug. 25, 1860.

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Amussat's Operation performed on Account of Malignant Disease of the Rectum.

—The operation of opening the colon in the loin with a view to the formation of an artificial anus in that position, has been recommended in two very different classes of cases. In the one it is performed on account of irremediable obstruction of the rectum, that obstruction being of such a character as would in itself cause the patient's death. In the second class—and

this, it must be remembered, is the one with regard to which the operation was first devised—its immediate object is not so much the prolongation of life as the mitigation of suffering. The cases alluded to are those of ulcerated cancer of the lower bowel, in which the escape of feces is not prevented, but in which it causes most intense suffering. In one of this latter class the operation was performed by Mr. Ward at the London Hospital about three weeks ago. The patient was a thin, miserably cachectic man, who had for some years been the subject of carcinoma, extending over a long tract of the rectum. The passage of his feces caused him agonizing pain, and he readily consented to Mr. Ward's proposal, that an artificial anus should be made. The operation was not one of unusual difficulty, the colon having been distended by the injection of air. The man did well, and at the present time, three weeks after the operation, the feces wholly pass by the artificial opening. A good deal of mucous discharge comes by the rectum. The opening in the loin is covered by a moulded pad of gutta-percha, which prevents any incontinence of feces. The man is able to get up, and expresses himself as very grateful for the relief afforded.—*Med. Times and Gaz.*, Aug. 25, 1860.

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Extravasation of Urine within the Pelvis.

—The following case is interesting as an example of extravasation occurring in conjunction with congenital contraction of the urethral orifice, also in respect to the unusual position of the extravasated fluid. It is certainly not common for fatal extravasation to occur without somewhat involving the perineum or scrotum, although the anatomical explanation of the fact is easily given. The difficulty of treatment is of course vastly increased; indeed, it is certainly rare for the symptoms of intra-pelvic extravasation to become sufficiently definite to warrant incision before the patient has passed into a hopeless condition.

The connection of hypospadias with disease of the urethra is also of much practical importance. As a general rule it is probably a matter of experience that obstructions in the anterior tract are more liable to cause disease of the urethra behind them than those more deeply placed. In amputating the penis all surgeons know how important it is to take precautions against the subse-

quent contraction of the urethra which is so liable to ensue. It is possible, however, that a certain number of the cases of hypospadias which come under our observation in infants are not submitted to any operative procedure which would be decidedly benefited thereby. In such cases it is often too hastily assumed that the deformity consists in an absence of the floor of the urethra in its anterior quarter of an inch, whereas minute examination would show that the urine really finds its exit through a mere pin-hole aperture. This aperture is placed behind the meatus, and does not in any way communicate with it.

W. B., aged 40, a sallow sickly-looking man, was admitted under Mr. Stanley's care on July 3, 1860. He was suffering from retention of urine. He stated that he had not passed water naturally since June 3, but that it was constantly dribbling from him. This was the first attack of actual retention, though he had been unable to pass water properly for some months. His countenance was expressive of great pain; his appetite gone, tongue furred, pulse feeble and frequent, and thirst very great. He complained of pain in the region of the bladder, which viscus was found to be distended. The perineum also was extremely tender. He was the subject of hypospadias, the opening into the urethra being about the size of a pin's head. A No. 1 catheter was introduced with comparative facility, and about four ounces of dark offensive fluid were drawn off, but without relief. Mr. Stanley examined him, and found a red blush on the surface of the abdominal walls close to the pubes. The bladder was much distended, and was hard and painful. In the left iliac region there was a greater prominence than on the other side, and there was here a sense of fluctuation. There was great tenderness in the perineum, and on the left side of the anus the surface was reddened. Mr. Stanley considered that there was extravasation of urine into the cellular tissue of the anterior abdominal walls, as well as into the ischio-rectal fossa. He remarked that the case was one of unusual occurrence, and that the ulceration into the urethra was probably behind the triangular ligament. The urine, therefore, had not been able to take the course usual in extravasations, viz., that of passing into the cellular tissue of the scrotum, and upwards to the abdominal wall. A No. 4

catheter was introduced, and about sixteen ounces of dark offensive fluid made its escape. Mr. Stanley made an incision two or three inches long in the position of that for lateral lithotomy. A grooved staff was then introduced into the bladder, and the incision was continued down to the membranous portion of the urethra, which was opened. The patient lost a great deal of blood, but much ammoniacal-smelling urine also came away, probably not less than a pint. Slight relief followed the operation, but in two hours the pain returned with great severity, and he gradually became weaker. Stimulants were given freely, but he did not improve, and died next morning.

Autopsy.—On cutting through the abdominal walls, the recti muscles were found to be much discoloured, dark, and soddened by infiltration with urine. There was extensive peritonitis, and in some parts puriform lymph was exuded, which matted together portions of the intestines. The cellular tissue of the pelvis had in many places sloughed, especially on the left side. The pelvis contained muddy-looking, offensive fluid. Excepting some congestions about its neck, the bladder was found quite healthy. The prostate was firm and healthy. The soft parts in the ischio-rectal fossa had sloughed. The penis was slit up, but no stricture or ulceration was found. On exposing the urethra beyond this point, there was found a small ulcerated opening just sufficient to admit the end of the director in front of the veru montanum. This was traced down to a dark mass of sloughy cellular tissue, and was doubtless the point at which the extravasation had commenced.
—*Med. Times and Gaz.*, Sept. 1, 1860.

LECTURE.

Clinical Lectures delivered at University College Hospital. By JOHN ERICSEN, Esq., Prof. Surg. and of Clinical Surg. in University College.

LECTURE II.—ON EPITHELIOMA.

GENTLEMEN: We have had under our care during the last few weeks several cases of epithelioma of the lip, tongue, fauces, and penis. I will to-day direct your attention to the nature of this disease, as developed under our observation in these cases. The case to which I shall particularly refer,

illustrates in a marked manner the nature, course, and distinctive characters of the disease. It is that of a soldier, sent up to me at this Hospital, from Aldershot, a few weeks since, with the following history. He had served twenty-one years in the army, during a great part of which time he had been stationed in hot climates, and whilst there had suffered from the ordinary tropical diseases, as dysentery, etc.: otherwise, his health appeared to have been excellent. On admission, he was sallow, and somewhat emaciated; but otherwise in tolerably good health, and in excellent spirits, quite prepared, and indeed anxious, to undergo any operation which might be deemed advisable. About two years ago, he observed an ulcer on the tongue, about midway between the apex and base on the left side. This ulcer, small at first, yielded to no treatment that had been applied to it, and gradually increased in size and depth up to the present time. It was now irregular in shape, with induration of the tongue-substance beneath and around, and it was hollowed out, so that it would contain half a walnut. The patient never smoked, but recollected that he had a decayed and ragged tooth on the left side of the jaw at about the time of the appearance of the ulcer. In addition, there was on the left side of the neck a swelling, of the size of a goose's egg, first noticed about seven weeks before admission, firm, adherent, passing beneath the sterno-mastoid, and extending back to the trapezius on the sheath of the great vessels of the neck, in close connection with the carotid artery. There was also on the right side and in the anterior half of the submaxillary region, a second mass, of similar character, about as large as a walnut; the presence of these deposits precluded all idea of operating in this case, as it was impossible to remove the deposits in the glands, from their deep connections in the neck. I have just said the patient was sallow and emaciated when admitted, but otherwise in good health. Now, it is important to observe, that the man stated that he felt in excellent health, and had no wasting of the body, until the glandular tumours made their appearance, only seven weeks ago. He had been able to do his duty as a soldier up to that time; but so soon as these secondary deposits began to make their appearance, his strength began to fail. From the time of his admission till that of

his death, a period of four weeks, the course of his disease was quickly run. The tumour rapidly increased, and he speedily sank into a low cachectic state, and finally died from exhaustion. During his stay here, he was never troubled with difficulty of swallowing or of breathing, nor was there any disease of the lungs or other viscera, as proved by the *post-mortem* examination made last Friday. His tongue, which I have here, presents this appearance. The left side, from about half an inch behind the tip nearly to the base, is hollowed out by ulceration, and little more than the right half of the tongue substance remains. In the neck, from beneath the jaw, reaching as low as the clavicle, is a softened mass of pulsatious consistence, forming the tumours before described. There are no secondary deposits whatever in the lungs or other internal organs, or any sign of visceral disease. Now, how did this man die? His powers of swallowing or breathing were never interrupted by the diseased state of his tongue, or by the tumour in the neck; he had no exhausting hemorrhage or continued purulent discharge; nor was his death accelerated by secondary deposits in the internal organs interrupting their functions. Well, he died, as is commonly the mode in epithelioma, from a kind of poisoning of the blood. The nutrition and repair of the blood were interfered with from the time of the growth of the secondary tumour; and thus was gradually induced a cachectic state of the system, which increased, until the functions of the body could no longer be performed.

This case I have brought before you because it illustrates so well the characters of this disease, "epithelioma," which are very different to those accompanying true cancer. This case was one of so-called "cancer of the tongue," but was it, and are similar ones in reality cancer? It is better to call it "canceroid," or "epithelial cancer," or "epithelioma," than cancer, as it presents features very dissimilar from those of true cancer; and in no respect do they differ more widely than in the way death is occasioned. How does true cancer prove fatal? It destroys life, as you saw in some cases lately in this hospital—one of the breast, another of the groin, and a third of the rectum—in various ways. 1. By the growth becoming adherent to, and ulcerating through, the skin, with abundant discharge

of sanious pus, and fungous granulations, which bleed frequently; this recurrent hemorrhage causing debility, and then exhaustion so great as to end in death. 2. By deposit of a similar nature to the primary growth in the internal organs, preventing the due discharge of their functions. In the case of scirrhus of the breast referred to, there were not only infiltrating masses of encephaloid growth penetrating the thoracic walls, giving rise to hydrothorax, but also secondary and distinct deposits in the lungs, and nodules of a similar structure, occupying a great part of the liver. This organ (the liver) was likewise the seat of cancerous masses in the case of scirrhus of the rectum. Thus, in true cancer, death is preceded by, occasionally, profuse fetid discharge, by hemorrhage, or by secondary deposits. If the course be very rapid, it is true that secondary deposits may not always be found; as then exhaustion, from sudden and profuse hemorrhage, is the immediate cause of the fatal event. In epithelioma, which has a local origin, and which cannot be considered to be the local growth and development of a constitutional state—as is the opinion that many hold with regard to true cancer—whether the form assumed by the epithelioma be the tubercular, the ulcerative, or the desquamating, as in the case of epithelioma of the lip I lately excised, however closely its histological and the naked eye characteristics resemble those of true cancer, however well marked the cachexy may be, yet the pathological signs are most distinct. It is true that secondary deposits, blood-poisoning, cachexia, great emaciation and exhaustion may, and often are, as well marked in one disease as in the other; still there is this radical difference in the secondary deposits, that in epithelioma the secondary deposits never pass more deeply into the system than the lymphatic glands; we find no deposits in internal organs, no cancerous nodules in the liver or lungs, as we do in true cancer, whenever the patient has lived long enough for the system to have become contaminated. This, then appears to be the great surgical difference between those epithelial growths and the real cancerous tumours, though both classes have several characters of malignancy in common. The distinctive habit of true cancer to go on developing itself, independently of situation or relation to organs, whilst that of epithelioma

is to confine itself to the infiltration of neighbouring tissue, is not merely a dry pathological fact, but one most fruitful of suggestion for the surgeon, and materially influencing the prospect of complete immunity from recurrence after operation. The confounding of this form of disease with those tumours composed of real cancer, has caused the liability to error, and the variance of opinion of different surgeons in estimating the curability or the probability to recurrence of the disease after excision; removal of the first, viz., epithelioma of the tongue, lip, or penis, being followed by recovery, as the rule, whilst removal of true cancer is hardly ever more than a palliative measure; tolerably speedy recurrence taking place in nearly every case of the removal. For prevention of the recurrence of epithelioma, it is necessary that the growth be excised early, and that the knife be carried wide of the disease, so that all the deposits may be extirpated. If there be delay of the operation until after the disease has contaminated the absorbents, excision of the original mass does not effect a cure, part of the morbid structure being still left behind in these lymphatics, which will go on increasing in extent as if the primary mass still remained. If, however, we excise at as early a stage of the disease as you saw me do in the cases of cancer of the lip and penis, there is no doubt that long life and perfect immunity may be insured. In cancer of the tongue, recurrence is more common than elsewhere, owing, I believe, to the difficulty and danger of thoroughly removing the disease, when infiltrating the lingual substance widely and deeply. Of the rarity of recurrence, the best proof is, that comparatively seldom do patients with "cancer" of the lip or penis return to us with a fresh growth, and when they do it is mostly a deposit in the neighbouring lymphatic glands, which had probably been contaminated before the operation, and not in the cicatrix itself, nor in internal organs. I have myself operated, eight, ten, and twelve years ago, on patients who have enjoyed good health to the present time, bearing nothing more than the seam left where the lip had been notched. I also know of a case of amputation of the penis where the patient has lived nearly thirty years after the operation; and during the last ten years I have removed the penis, in several cases of epithelioma, from men now

doing well, and free from any return. In fact, epithelioma is, in its origin, but a local disease, arising from some special irritation, as in "chimney-sweep's cancer," from the irritation of the soot; in "cancer of the tongue," from a ragged tooth; in "cancer of the penis," from a tight pressure retaining the secretions of the glands. In fact, the progress of epithelioma closely resembles that of a syphilitic sore. Just as the syphilitic virus produces its ulcer before any constitutional effect results, which does so—first by contamination of the lymphatics, and, after a longer interval, by the poisoning of the blood, and then the induction of general cachexy; so, in epithelioma, a precisely similar series of symptoms accompany the progress of the disease that has been primarily established by the local irritation. In epithelioma, as in syphilis, you have a sore resulting from local irritation, you have no sign of constitutional disturbance or cachexy for some months, or even longer, until the glands take up the poison, the blood then becomes contaminated, and marked cachexy sets in.

With regard to the mode of removal of epitheliomatous growths, I strongly advocate the knife. By the knife they can be removed much more cleanly, safely, expeditiously, and with less suffering, than by caustic. Should, however, caustic be deemed preferable in any case, the most powerful should be applied, so that the whole mass may be immediately and thoroughly destroyed, that the effect may be the same as when the knife is used. But if the less active caustics be employed, as the nitrate of silver, for instance, the cauterizing effect is too weak for the destruction of the parts, and an irritating effect is produced, in addition to the caustic one; the neighbouring tissues become inflamed and infiltrated by plastic matter, which state of inflammation and infiltration is highly favourable to the spread of epithelial deposit.—*British Medical Journal*, March 17, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Death from Chloroform.—Dr. H. PEAKE, of Yazoo City, Miss., records (*New Orleans Med. and Surg. Journ.*, July, 1860) a case of this in a man reduced to a mere skeleton

from protracted intense suffering, the result of an old ulcer on the leg. "He had led an irregular life, and was intemperate. Of late, his health had been steadily declining, and for weeks his only rest had been procured by taking immense doses of morphine. Meantime, the ulcer had extended rapidly, so much so as to have involved nearly the whole of the muscles of the leg from near the patella to the malleoli. On the outer aspect of the leg, a ribbon-like strip of integument extended from that above the upper border of the ulcerated surface, and connected it with that of an almost gangrenous foot. The exposed muscles seemed literally rotten, and exhaled an odour, if possible, worse than that from a gangrenous lung. It seemed almost useless to attempt an operation, but he was clamorous for it, and his friends insisted also, notwithstanding I informed them of the possibility, nay, probability, of his dying under the knife. Moreover, death was certain without it, albeit his chances for recovery with it were not two in a thousand." So Dr. Peake, in consultation with Dr. Ingersoll, concluded to amputate the limb. "The patient was placed upon a table, and chloroform administered by Dr. I. Col. Wm. Bataille, an intelligent gentleman, who was present, assisted me. A couple of minutes' inhalation had placed him sufficiently under the influence of the anæsthetic, when I proceeded to make my first cut for the circular operation at the junction of the lower with the middle third of the thigh. I was turning up the integuments when his breathing and pulse suddenly stopped. I at once resorted to artificial respiration, and kept it up for some time, but to no purpose. He was dead."

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Boylston Medical Prize Questions.—At the annual meeting of the Boylston Medical committee, on the 1st of Aug. of this year, a premium of ninety dollars or a gold medal of that value, was awarded to JOHN BELL, M. D., of New York, for the best dissertation on the question:—

How far does the Microscope assist us in Surgical Diagnosis?

The other premium, of the same value, was awarded to DAVID W. CREEVER, M. D., of Boston, for the best dissertation on the question:—

The value and the fallacy of Statistics in the observation of Disease.

The following questions are proposed for 1861 :—

1. *Excision of Joints.*

2. *Diagnosis and Treatment of Chronic Pleurisy.*

Dissertations on these subjects must be transmitted, post paid, to Edward Reynolds, M. D., on or before the First Wednesday of April, 1861.

The following are the questions proposed for 1862 :—

1. *How far does the Microscope assist us in Surgical Diagnosis?*

2. *On Nausea and Vomiting, as symptoms, under what circumstances do they occur, and what indications do they afford as to the seat and character of disease?*

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday in April, 1862.

The author of the best dissertation considered worthy of a Prize, on either of the subjects for 1861 and for 1862, will be entitled to a premium of *sixty dollars*, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within which shall be inclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

It will be perceived that the question "How far does the Microscope assist us in Surgical Diagnosis?" has again been proposed for 1862. The successful essay for the present year displays, it is stated, considerable ability, but the question is of so much importance that it was considered to be worthy of still further investigation.

American Association for the Advancement of Science.—At the recent meeting, at Newport, R. I., the next meeting was ordered to be held at Nashville, Tenn., in April, 1861. The following officers were elected: F. A. P. Barnard (President of the University of Mississippi), President, and Dr. R. W. Gibbs, of Columbia, S. C., Vice-President.

Amherst College.—The trustees of this institution at a late meeting, established a Professorship of *Hygiene and Physical Education*, and elected Dr. John W. HOOKER, a son of Prof. Worthington Hooker, of New Haven, to fill the chair.

Instruction in this department of knowledge will, we feel sure, be useful and popular, and we have good reasons for believing that the incumbent of the new chair is eminently qualified to fill it with advantage to the school and credit to himself.

New Orleans School of Medicine.—Dr. H. D. SCHMIDT, formerly prospector to Prof. Leidy, of the University of Pennsylvania, and last winter connected with the Mobile Medical College, has been appointed Demonstrator of Anatomy in the New Orleans School of Medicine.

Medical Department of the University of Louisiana.—Prof. LAWSON, of Cincinnati, has been appointed Professor of Clinical Medicine in the Medical Department of the University of Louisiana. This is an excellent appointment. We are glad to find that this school, like its colleague, the New Orleans School of Medicine, repudiates the doctrine that Southern students can not be taught practical medicine by Northern Professors.

Medical College of the State of South Carolina.—Dr. FRANCIS T. MILES, for many years the Demonstrator of Anatomy in this school, has been elected Professor of Anatomy in place of Dr. Holbrook, whose resignation we mentioned last month.

Bequests.—The late Hon. Jonathan Phillips, of Boston, has bequeathed to the Massachusetts General Hospital and to the Massachusetts Medical Society each ten thousand dollars, and to the Charitable Eye and Ear Infirmary and to the Boston Dispensary each five thousand dollars, and twenty thousand dollars to the city of Boston to be expended in adorning the streets and public squares.

Philadelphia Hospital, Blockley.—The guardians of the poor, at their meeting on the 24th Sept., on the recommendation of the medical board, has opened the hospital, free of charge, for the coming winter, to medical students for clinical instruction. The board has likewise authorized the committee on hospital to establish a museum for the preservation of pathological and other specimens, to aid in the investigation of diseases. This is a liberal movement, and one which will tend to secure the pre-

eminence which Philadelphia has always maintained in her facilities for obtaining a medical education.

OBITUARY RECORD.—Died in Charleston, S. C., on the 13 August, 1860, of Phthisis Pulmonalis, John Bellinger, M. D., aged 59. Dr. B. was at one time Professor of Surgery in the Medical College of the State of South Carolina, and was a most skilful practitioner and highly respected gentleman.

FOREIGN INTELLIGENCE.

The Use and Abuse of Tobacco.—[We would call especial attention to the following letter from Sir BENJAMIN BRODIE. The long and extensive experience and mature judgment of the writer entitle his opinions to the greatest weight.]

"Sir: Having been applied to some time since to join in a petition to the House of Commons that they would appoint a committee to inquire into the effects produced by the prevailing habit of tobacco smoking, I declined to do so; first, because it did not appear to me that such a committee would be very competent to discuss a question of this kind; and, secondly, because, even if they were so, I did not see that it would be possible for Parliament to follow up by any act of legislation the conclusions at which they might have arrived. Nevertheless I am ready to admit that the subject is one of no trifling importance, and well worthy the serious consideration of any one who takes an interest in the present and future well-being of society. From these considerations it is that I now venture to address to you the following observations.

"The empyreumatic oil of tobacco is produced by distillation of that herb at a temperature above that of boiling water. One or two drops of this oil (according to the size of the animal) placed on the tongue will kill a cat in the course of a few minutes. A certain quantity of the oil must be always circulating in the blood of an habitual smoker, and we cannot suppose that the effects of it upon the system can be merely negative. Still, I am not prepared to subscribe to the opinion of those who hold that, under all circumstances, and to however moderate an extent it be practised, the smoking of tobacco is prejudicial. The first effect of it is to soothe and tranquillize

the nervous system. It allays the pains of hunger, and relieves the uneasy feelings produced by mental and bodily exhaustion. To the soldier who has passed the night in the trenches before a beleaguered town, with only a distant prospect of breakfast when the morning has arrived; to the sailor, contending with the elements in a storm; to the labourer, after a hard day's work; to the traveller in an uncultivated region, with an insufficient supply of food, the use of a cigar or a tobacco pipe may be not only a grateful indulgence, but really beneficial. But the occasional use of it under such circumstances is a very different matter from the habit of constant smoking which prevails in certain classes of society at the present day.

"The effects of this habit are, indeed, various, the difference depending on difference of constitution, and difference in the mode of life otherwise. But, from the best observations which I have been able to make on the subject, I am led to believe that there are very few who do not suffer harm from it, to a greater or less extent. The earliest symptoms are manifested in the derangement of the nervous system. A large proportion of habitual smokers are rendered lazy and listless, indisposed to bodily and incapable of much mental exertion. Others suffer from depression of the spirits, amounting to hypochondriasis, which smoking relieves for a time, though it aggravates the evil afterwards. Occasionally there is a general nervous excitability, which, though very much less in degree, partakes of the nature of the *delirium tremens* of drunkards. I have known many individuals to suffer from severe nervous pains, sometimes in one, sometimes in another part of the body. Almost the worst case of neuralgia that ever came under my observation was that of a gentleman who consulted the late Dr. Bright and myself. The pains were universal, and never absent; but during the night they were especially intense, so as almost wholly to prevent sleep. Neither the patient himself nor his medical attendant had any doubts that the disease was to be attributed to his former habit of smoking, on the discontinuance of which he slowly and gradually recovered. An eminent surgeon, who has a great experience in ophthalmic diseases, believes that, in some instances, he has been able to trace blindness from amaurosis to excess in tobacco smoking; the connection of the two

being pretty well established in one case by the fact that, on the practice being left off, the sight of the patient was gradually restored. It would be easy for me to refer to other symptoms indicating deficient power of the nervous system to which smokers are liable; but it is unnecessary for me to do so; and, indeed, there are some which I would rather leave them to imagine for themselves than undertake the description of them myself in writing.

"But the ill effects of tobacco are not confined to the nervous system. In many instances there is a loss of the healthy appetite for food, the imperfect state of the digestion being soon rendered manifest by the loss of flesh and the sallow countenance. It is difficult to say what other diseases may not follow the imperfect assimilation of food continued during a long period of time. So many causes are in operation in the human body which may tend in a greater or less degree to the production of organic changes in it, that it is only in some instances we can venture to pronounce as to the precise manner in which a disease that proves mortal has originated. From cases, however, which have fallen under my own observation, and from a consideration of all the circumstances, I cannot entertain a doubt that, if we could obtain accurate statistics on the subject, we should find that the value of life in inveterate smokers is considerably below the average. Nor is this opinion in any degree contradicted by the fact that there are individuals who in spite of the inhalation of tobacco smoke live to be old, and without any material derangement of the health; analogous exceptions to the general rule being met with in the case of those who have indulged too freely in the use of spirituous and fermented liquors.

"In the early part of the present century tobacco smoking was almost wholly confined to what are commonly called the lower grades of society. It was only every now and then that any one who wished to be considered as a gentleman was addicted to it. But since the war on the Spanish Peninsula, and the consequent substitution of the cigar for the tobacco-pipe, the case has been entirely altered. The greatest smokers at the present time are to be found, not among those who live by their bodily labour, but among those who are more advantageously situated, who have better opportunities of education, and of whom we have a right to expect that they should constitute the

most intelligent and thoughtful members of the community. Nor is the practice confined to grown-up men. Boys, even at the best schools, get the habit of smoking, because they think it manly and fashionable to do so; not unfrequently because they have the example set them by their tutors, and partly because there is no friendly voice to warn them as to the special ill consequences to which it may give rise where the process of growth is not yet completed, and the organs are not yet fully developed.

"The foregoing observations relate to the habit of smoking as it exists among us at the present time. But a still graver question remains to be considered. What will be the result if this habit be continued by future generations? It is but too true that the sins of the fathers are visited upon their children and their children's children. We may here take warning from the fate of the red Indians of America. An intelligent American physician gives the following explanation of the gradual extinction of this remarkable people: One generation of them become addicted to the use of the firewater. They have a degenerate and comparatively imbecile progeny, who indulge in the same vicious habit with their parents. Their progeny is still more degenerate, and after a very few generations the race ceases altogether. We may also take warning from the history of another nation, who some few centuries ago, while following the banners of Solyman the Magnificent, were the terror of Christendom, but who since then, having become more addicted to tobacco smoking than any of the European nations, are now the lazy and lethargic Turks, held in contempt by all civilized communities.

"In thus placing together the consequences of intemperance in the use of alcohol and that in the use of tobacco, I should be sorry to be misunderstood as regarding these two kinds of intemperance to be in an equal degree pernicious and degrading.

"The inveterate tobacco-smoker may be stupid and lazy, and the habit to which he is addicted may gradually tend to shorten his life and deteriorate his offspring, but the dram drinker is quarrelsome, mischievous, and often criminal. It is under the influence of gin that the burglar and the murderer become fitted for the task which they have undertaken. The best thing that can be said for dram-drinking is, that it induces

disease, which carries the poor wretch prematurely to the grave, and rids the world of the nuisance. But, unfortunately, in this, as in many other cases, what is wanting in quality is made up in quantity. There are checks on one of these evil habits which there are not on the other. The dram-drinker, or, to use a more general term, the drunkard, is held to be a noxious animal. He is an outcast from all decent society, while there is no such exclusion for the most assiduous smoker.

"The comparison of the effects of tobacco with those of alcohol leads to the consideration of a much wider question than that with which I set out. In all ages of which we have any record, mankind have been in the habit of resorting to the use of certain vegetable productions, not as contributing to nourishment, but on account of their having some peculiar influence as stimulants or sedatives (or in some other way) on the nervous system. Tobacco, alcohol, the Indian hemp, the kava of the South Sea Islanders, the Paraguay tea, coffee, and even tea, belong to this category. A disposition so universal may almost be regarded as an instinct, and there is sufficient reason to believe that, within certain limits, the indulgence of the instinct is useful. But we must not abuse our instincts. This is one of the most important rules which man, as a responsible being, both for his own sake, and for that of others, is bound to observe. Even such moderate agents as tea and coffee, taken in excess, are prejudicial. How much more so are tobacco and alcohol, tending, as they do, not only to the degradation of the individual, but to that of future generations of our species.

"If tobacco-smokers would limit themselves to the occasional indulgence of their appetite, they would do little harm either to themselves or others; but there is always danger that a sensual habit once begun may be carried to excess, and that danger is never so great as in the case of those who are not compelled by the necessities of their situation to be actively employed. For such persons the prudent course is to abstain from smoking altogether.

"Trusting that you and your readers will excuse me for having occupied so large a space in your columns,

"I am, Sir, your obedient Servant,

"August 27.

"B. C. BRODIE."

Med. Times and Gaz., Sept. 8th, 1860.

Smoking and its Effects.—The pupils of the Polytechnic School in Paris have recently furnished some curious statistics bearing on tobacco. Dividing the young gentlemen of that college into groups, the smokers and the non-smokers, it is shown that the smokers have proved themselves in the various competitive examinations far inferior to the others. Not only in the examinations on entering the school are the smokers in a lower rank, but in the various ordeals they have to pass through in a year, the average rank of the smokers had constantly fallen, and not inconsiderably, while the men who did not smoke enjoyed a cerebral atmosphere of the clearest kind. It would be interesting to pursue this plan of statistical inquiry in our public schools and universities. Perhaps smoking is in many instances not the cause but the effect or indication of intellectual mediocrity. Is there any connection between smoke and German metaphysics?—*Lancet*, Aug. 25, 1860.

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Drops or Minims.—Notwithstanding all that has been said and written on the essential difference which exists between a "drop" and a "minim," and the danger which must often arise from the use of the former in prescribing the more powerful fluid medicines, there is still much room for improvement. The subject was brought forward in a trial which took place at Lewes, in the Crown Court of the Home Circuit, before the Lord Chief Justice, on Monday last. The prisoner, a young man, named George Bull, was charged with the manslaughter of his mother. The deceased lady was 66 years of age; she was subject to violent fits of sickness, and the prisoner, who had been brought up to the medical profession, but was not in regular practice, was in the habit of prescribing to her small doses of prussic acid, of Scheele's strength. On Wednesday, the 11th of July, the prisoner procured a drachm of prussic acid from Mr. Roswell, a chemist in the town, and he administered to the deceased in the early part of the day a dose of four minims. In the evening, the prisoner administered to her another dose of prussic acid; and the deceased had hardly time to go up to her bedroom when she became insensible, and died almost immediately afterwards. Upon the bottle that had contained the prussic acid which the prisoner obtained from Mr. Roswell being examined, it was found to con-

tain only twenty-five minims, thus leaving thirty-one minims altogether unaccounted for.

Mr. Scrase, of Lewes, the surgeon who had been called in to attend on the deceased, stated that the prisoner told him that he had given seven *drops* of prussic acid. In answer to questions from the Lord Chief Justice, Mr. Scrase observed that the size of the drop would be affected by the fact of the cork remaining partly in the bottle. It was his own practice to measure by minims; and, he observed, with such a deadly matter as prussic acid, it was not prudent for any medical man to rely upon drops; he ought to measure it. These, and some other observations on the relative strength of Scheele's and the *Pharmacopœia* acids, are what would be expected from a tolerably well informed and judiciously cautious medical man; but, in contrast, here is the examination of the druggist who sold the prussic acid:—

"Mr. E. H. Roswell, a druggist at Lewes, deposed that on the 11th of July the prisoner came to his shop, and asked for some prussic acid, and he gave him a drachm. The drachm would contain sixty minims. He did not measure it, but gave what he considered to be one-fourth part of the bottle.

"Mr. Serjeant Ballantine: As you say you did not measure it, can you tell us how much prussic acid you really did give to this gentleman?

"Witness: I cannot say to a drop. I am sure he had fifty drops. I consider a 'drop' and a 'minim' synonymous terms. I gave the prisoner about the quantity, but when prussic acid is dispensed by a medical man, he is, of course, careful as to the quantity he uses.

"The Lord Chief Justice: We have been told that a 'drop' contains two minims, and this witness says he looks upon the two terms as synonymous.

"Mr. Serjeant Ballantine: If you were told to give a patient so many 'minims,' should you give him so many 'drops'?

"Witness: Certainly not.

"Mr. Serjeant Ballantine: Can you tell us the strength of the acid you sold?

"Witness: I don't know what strength it was. I should think about four per cent.

"Mr. Serjeant Ballantine: I am much obliged to you for your candid answers in reference to such an article as prussic acid."

Here is a man who looks on the terms "drop" and "minim" as synonymous, and, when asked for prussic acid, pours into the bottle what he considers to be "about the quantity!" We presume that Mr. Roswell is not a member of the Pharmaceutical Society, or in the habit of reading their publications. If he had seen the number of the *Pharmaceutical Journal* for the present month, he would have seen that a writer therein has elaborately demonstrated the fact—of which many members of the medical profession are probable already aware—of the utter want of definite proportion between the drop and the minim, and the consequent impossibility of using them with safety as convertible terms in prescribing.

The writer referred to, Mr. Barnard Proctor, states that he has ascertained the number of drops equal to a drachm of various essential oils, etc. The results are most strikingly various. To make a drachm, 100 drops of croton oil are required; of oil of caraway, 98 drops; of oil of peppermint, 110; of oil of cloves, 90; of chloroform, 250; of tincture of digitalis, 96; of tincture of opium, 108; of creasote, 110; of hydrochloric acid, 45; of *dilute* hydrochloric acid, 65; of nitric acid, 72; of hydrocyanic acid, 54. The size of the drop, Mr. Proctor observes, is not affected by the comparative fluidity of the liquid, or by the thickness of the lip of the bottle; but by the manner in which the dropping is performed. Fifty-four drops of hydrocyanic acid equalled a drachm, when each drop fell clearly from the lip of the phial; but if the stopper were not entirely removed, and the drop fell conjointly from the stopper and the lip, thirty-two drops filled the same measure.

The drop or minim question is by no means a small one. A life may depend on it; and, short of this, how is it possible for any one dispensing medicine by drops to have an idea whether he is doing too much or too little? Suppose, for instance, that he is using a new fluid preparation, of which he is told that the dose is so many *minims*: how can he, if he have proper regard either to the advantage or safety of his patient or to his own reputation, administer it in that most latitudinarian measure, the *drop*?

We would call the attention of our readers to the importance of the difference between the drop and the minim, as a matter of

scientific as well as of practical interest in medicine.—*British Med. Journ.*, July 28, 1860.

Distinguished Medical Men.—In the ranks of general literature and science, British Medicine is rich at the present time in representative men—Sir Benjamin Brodie, President of the Royal Society; Livingstone, the pioneer of civilization in Central Africa; Owen, the British Cuvier; Darwin, the far-seeing, fact-compelling, naturalist; Lever, the Irish novelist; Sir James Kay Shuttleworth, the public educationist; Sir Charles Nicholson, founder of the University of Sydney, and the first inhabitant of the great colony of Australia honoured with rank and title by the mother country. May the possessors of these names long survive to reflect credit on us, do honour to themselves, and good in their generation! Nor can we omit our need of admiration for our French *confrère*—Lescarbault, who, amidst the distractions and fatigues of a country practice, last year could yet manage to discover a new planet in the heavens, and so inscribe his own name imperishably on the scroll of astronomical fame.—*Dr. Radcliffe Hall.*—*Lancet*, Aug. 25, 1860.

Health of London.—Though we have experienced such unsummerly, such cold and rainy weather, during the present season, the health of the people has been above the average; at least, the *mortality* has been less than usual, though such rate, we admit, in itself is not necessarily a proof of the amount of sickness that may be prevailing. There may be, for example, a wide-spread epidemic existing which is not marked by causing much increase in the rate of mortality; and, conversely, cold and bleak weather in winter and early spring may carry off old persons and infants, whilst there shall exist very little sickness amongst the people at large. But most of our professional *confrères* have remarked, for some time past, how "little there was to do." We certainly think that both public and private practice have, for some weeks, been a less heavy burden than usual. On referring to the Registrar-General's Reports, we find that the number of deaths registered in London during the third and fourth weeks in July was 975 respectively; whilst for the corresponding weeks of the ten years 1850

–59 the average number of deaths will be found (with allowance for the increase of population) to be 1156. The deaths reached 1000 during only the second week of the past month. Smallpox has been gradually decreasing; and although there has been of course an increase in the number of deaths from diarrhoea, yet the mortality from it is still very low as compared with that of previous years. The deaths from this disease in London, during the last four weeks, have been successively 32, 52, 65, and 90; whilst the corrected average of the corresponding weeks in ten previous years is 202. We know of one case of decided summer *cholera* having been admitted into one of our general hospitals. The patient—a man—rapidly recovered under the use of calomel and opium, ammonia, and brandy. Healthy as we have been, however, we think that forms of arthritic disease—or "rheumatic arthritis," as some prefer to call it—have been both very prevalent and obstinate for some months past. Certain of our correspondents abroad, however, do not give favourable accounts of the state of health of particular communities.—*Lancet*, Aug. 25, 1860.

Operation on Sir Benjamin Brodie's Eyes.—The following paragraph appeared in the *Times* on Thursday:—

"SIR B. BRODIE.—A paragraph having appeared in some newspapers on the state of Sir B. Brodie's health, we are authorized to state that he has lately undergone an operation for the improvement of his sight, and that a satisfactory result is anticipated."

This public allusion to a subject in which the Profession naturally take a deep interest renders a longer silence on our part impossible, and it becomes our duty to let our readers know that the operation of iridectomy was performed on both Sir Benjamin's eyes on July 12. His sight had been failing since Christmas last, but was not painfully defective until the completion of his 78th year in June. About that time vision became rapidly more and more impaired, especially in the left eye. Up to this time the disease had been regarded as senile cataract, more advanced in the left eye than in the right, but after the return of Sir Benjamin from the meeting of the British Association at Oxford, the defective vision was ascribed to glaucoma. Iridectomy was performed under chloroform. We deeply re-

gret to say that the result is not so satisfactory as the paragraph in the *Times* might lead the Profession to hope. The left eye we believe to be much in the same state as before the operation—if anything slightly improved; but in the right, or better eye, vision is quite lost. The great ground of hope in this case is that as there is now a cataract very evident in the right eye, this is the cause of the impaired vision, that the eye is not glaucomatous, and that hereafter vision may be restored by extracting the cataract. We have not alluded to this subject before, as it is to some extent a private matter; but the whole Profession have so filial an interest in all that relates to the respected President of the Royal Society and of the Medical Council, that all have a right to know as much as is freely talked about in the Medical coteries of the metropolis—especially at the present time when a comparatively new operation like iridectomy is on its trial.—*Med. Times and Gaz.*, Aug. 18, 1860.

In the editorial in the *Lancet* of a later date (Aug. 25) it is stated that Sir B. Brodie "has lately undergone an operation undertaken with the view of restoring vision, which had become impaired either from advancing cataract or glaucoma. It is understood that the operation has failed. All will hope that the failure is not irremediable. As no man living has done more honour to surgery, so no one has a better claim to benefit by all the resources of the Art. It will be a subject of lasting regret should it prove that Sir BENJAMIN BRODIE has suffered from any error of diagnosis or of treatment. The warmest sympathies of the entire profession are with the respected sufferer in this case."

Tincture of Aloes in Gonorrhœa.—The *Lombard Medical Gazette* reports the success obtained by a well-known practitioner—Dr. Gamberini, of Bologna (lecturer on clinical surgery at the Hospital St. Ursula, in that city), by means of injections of diluted tincture of aloes in gonorrhœa. It is said to cure the discharge, even in the most refractory cases, more rapidly than the usually prescribed astringents. The formula recommended is as follows: "R.—Tra. aloës, ℥iv.; aquæ ad ℥iv.—M. Ft. lotio; ter in die injiciend." Some of your readers may possibly think this worth a trial in their practice.

New Cure for Tetanus.—In a severe case of tetanus, with opisthotonos, "M. Pescheux took the idea into his head of injecting into the neck, at the median line, a subcutaneous injection of sulphate of atropine. The poisonous qualities of the atropine were well marked, but with them had also disappeared the tetanic symptoms."

The Cholera in Spain.—The "*Siglo Medico*," of Madrid, contains an article which shows that the cholera has regularly broken out every year in some part of Spain since 1854. From the 1st of May to the 29th of June of this year, 5344 cases occurred at Malaga, the deaths being 2367. Many provinces have been invaded, but Madrid has as yet escaped.

Humane Improvements in Slaughtering.—*L'Union Médicale* lately published a valuable report read at the general meeting of the Paris Society for the Prevention of Cruelty to Animals. In this document are described several cruel practices which are of daily occurrence, both during the conveyance of the animals to Paris and the actual treatment of them at the slaughter-houses. It is to be hoped that this publicity will lead to the removal of the evils alluded to. Amongst the suggestions which the report has drawn forth, is one which deserves attention. M. Auber, of Macon, thinks that air injected or blown into an opened vein would bring on instantaneous and painless death; and grounds his belief upon the effect produced upon dogs and other animals by this mode of destruction. He adds that it was customary with the French army at Rome to kill in this humane manner horses unfit for further service.—*Lancet*, Aug. 4, 1860.

Impervious Aorta near the Arch in a New-born Child, who lived Five Days.—M. Devilliers mentions this case in *L'Union Médicale* of the 23d ultimo. The left ventricle was very small, and a probe passed from its cavity upwards towards the arch met with an obliterated canal. The sigmoid valves were in fact glued together, and rendered the vessel impervious. Of course the circulation of fetal life could accommodate itself to this abnormal state; but extra-uterine life sank under it, although the ductus arteriosus remained widely patent.—*Lancet*, Sept. 1, 1860.